

FOR OFFICE USE

☐ STATE ☐ USAID

DATE REC'D BY AWARDS OFFICE:

DATE RELEASED TO PERSONNEL RECORDS:



STATE – USAID

Nomination for Award

NAME OF NOMINEE (*Last, First, Middle*)

SOCIAL SECURITY NO.

ORG. SYMBOL OR POST

PRESENT POSITION TITLE AND GRADE

Position held during period covered by nomination, if different than present

REASON FOR AWARD

- ☐ PERFORMANCE
 ☐ CUSTOMER SERVICE
 ☐ TEAMWORK
 ☐ OTHER:
- ☐ SPECIAL ACT
 ☐ INNOVATION
 ☐ CRISIS MANAGEMENT

TYPE AWARD RECOMMENDED

- | | | |
|---|---|---|
| <input type="checkbox"/> THE SECRETARY'S AWARD | <input type="checkbox"/> SUPERIOR HONOR AWARD | <input type="checkbox"/> TIME OFF FROM DUTY AWARD |
| <input type="checkbox"/> AWARD FOR HEROISM | <input type="checkbox"/> MERITORIOUS HONOR AWARD | <input type="checkbox"/> CASH |
| <input type="checkbox"/> SECRETARY'S CAREER ACHEIVEMENT AWARD | <input type="checkbox"/> FRANKLIN AWARD | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> DISTINGUISHED HONOR AWARD | <input type="checkbox"/> FOREIGN SERVICE AWARD FOR PUBLIC SERVICE | |

RECOMMENDED AMOUNT: (Cash/Time Off Hours):

APPROVED AMOUNT:

JUSTIFICATION FOR AWARD (Include a concise citation to be used on the award certificate. Additional sheets may be used)

NOMINATED BY: (*Name, Title, Signature*)DATE (*mm-dd-yyyy*)APPROVED BY: (*Supervisor's Name, Title, Signature*) Applicable only if nominated by other than supervisorDATE (*mm-dd-yyyy*)

PART II - ACTION TAKEN/TIME OFF FROM DUTY AWARD - <i>Optional</i> - For period not to exceed one work day.									
BUREAU/POST APPROVAL (Name, Title, Signature)								Date (MM-DD-YYYY)	
PART III - ACTION TAKEN BY JOINT COUNTRY AWARDS COMMITTEE									
<input type="checkbox"/> Approve		DATE (mm-dd-yyyy)		REMARKS:					
<input type="checkbox"/> Disapprove									
CASH AWARDS ONLY - APPROVED AMOUNT									
TYPED NAME OF COMMITTEE CHAIRPERSON									
SIGNATURE OF COMMITTEE CHAIRPERSON									
PART IV - ACTION TAKEN BY CHIEF OF MISSION									
<input type="checkbox"/> Approve		DATE (mm-dd-yyyy)		REMARKS:					
<input type="checkbox"/> Disapprove									
CASH AWARDS ONLY - APPROVED AMOUNT									
TYPED NAME OF CHIEF OF MISSION									
SIGNATURE OF CHIEF OF MISSION									
PART V - ACTION TAKEN BY AREA AWARDS COMMITTEE									
<input type="checkbox"/> Approve		DATE (mm-dd-yyyy)		REMARKS:					
<input type="checkbox"/> Disapprove									
CASH AWARDS ONLY - APPROVED AMOUNT									
TYPED NAME OF COMMITTEE CHAIRPERSON									
SIGNATURE OF COMMITTEE CHAIRPERSON				CERTIFICATION: All Committee members reviewing this nomination have attended Diversity Awareness Training for awards committee members.					
PART VI - ACTION TAKEN BY DEPARTMENT AWARDS COMMITTEE									
<input type="checkbox"/> Approve		DATE (mm-dd-yyyy)		REMARKS:					
<input type="checkbox"/> Disapprove									
CASH AWARDS ONLY - APPROVED AMOUNT									
TYPED NAME AND TITLE									
SIGNATURE									
PART VII - FISCAL DATA									
BUREAU/POST AWARDS OFFICER (Name, Signature)								DATE (mm-dd-yyyy)	
ACCOUNTING CLASSIFICATION (Completed by Bureau/Post Budget Officer)								FOR GIFT CHEQUE USE ONLY	
Agency	Appropriation	Allotment	Obligation No.	Org. Code	Function	Object	Award Amount	Obligation	Net
PART VIII - PAYROLL OFFICE INFORMATION - For Gift Cheque Use Only									
BUREAU/POST AWARDS OFFICER (Name, Signature)								DATE (mm-dd-yyyy)	
PAYROLL INFORMATION (Completed by FMP)									
Gross Amount	Federal Tax Withheld	State Tax Withheld	OASDI Tax Withheld	FHI Tax Withheld	Net Amount				